								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF													
		Effecti	ive October	1,20	100	·•	;		P/11	<u>67</u>	-250		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER SMALL		
TC	TAL CLAIMS		مكاله					RATE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			Basic FEE	355.00	ÖR	BASIC FEE	710:00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		٠ 4			X\$ 9=		OR	X\$18=	108	
INDEPENDENT CLAIMS			4 minus 3 =		• /			X40=		OR	X80=	80	
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+135=		OR	+270=		
• If	the difference	in column 1 is !	less than zero	, ente:	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	898	
	c	•	!		j	OTHER							
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
ITA		CLAIMS REMAINING AFTER		PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 24	Minus	PAID	FOR 24	•		X\$ 9=	7	OR	X\$18=		
	Independent	. 4		***	4_	•		X40= `	1	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		J į	125	/	1	/		
								+135=		OR	YOYA	 	
								ADDIT. FEE		OR	ADDIT. FEE		
<u> </u> _	· · · · · · · · · · · · · · · · · · ·	(Column 1)	- Free contract of the Contrac		ımn 2) HEST	(Column 3)	, ,			•		* 4200	
1 1 1 1 1 1 1 1		REMAINING AFTER AMENDMENT		NUM	MBER MOUSLY DFOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMENT	Total	. 260	Minus	• 6	26	- /] [X\$ 9=		OR	X\$18=		
誾	Independent	• 4	Minus		ψ_{-}	= /]	X40=	7	OR	X80=	7	
上	FIRST PRESE	ENTATION OF M	ULTIPLE DEPE	NDEN	T CLAIM			+135=	/	OR	+270=/		
l							•	YOYAL		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											1		
	T	CLAIMS	T	HIG	HEST MBER	PRESENT	ן ל		ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBEH MOUSLY D FOR	EXTRA]	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	•••		=		X\$ 9=	·	OR	X\$18=	7.	
	Independent	•	Minus	***		3		X40=		OR	X80=	1	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1		 	
1.			+135=		OR	` L							
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT. FEE													
	The "Highest Nu	iumber Previously F imber Previously Pr	aid For (Total or i	Indeper	te 1659 vi dent) is t	tah 3, emer 3. 19 highest numi	ber fo	aund in the ap	ppropriate b	ox in c	olumn 1.		

FORM PTO-675 (Rev. 800)